

are cervical they may often be successfully enucleated during labor—through the vagina; 9 cases are mentioned, all recovered. Placenta prævia may be caused by fibroids; 6 deaths in 9 cases are reported. Interference after labor depends upon the condition of the patient, the situation and condition of the tumor, and the severity of the operation required. Accessible and pediculated fibroids may be removed to advantage after labor. Hemorrhage and septic infection are the dangers most threatening. As a rule, fibroids disappear during uterine involution.

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#### A CASE OF UTERINE FIBROMA COMPLICATING LABOR.

TURGARD (*Annales de Gynécologie*, December, 1888) reports the case of a multipara in whom no tumor was discovered during pregnancy; face presentation existed, which was converted to occipital by manipulation. At labor, descent failed; a semi-elastic tumor, as large as a man's fist, lay in the hollow of the sacrum. Forceps were applied to the head and entrusted to an assistant; puncture with a fine trocar having failed to lessen the size of the tumor, two fingers of one hand were inserted in the vagina, two fingers of the other hand in the rectum, the tumor was pushed up, while the assistant brought down the head by forceps. Easy delivery, and normal puerperium followed; the tumor disappeared with uterine involution.

Subperitoneal fibroids are most likely to remain undetected during pregnancy, as they frequently occasion no symptoms. Diagnosis may be made difficult by softening in the tumor, which accompanies the growth of the uterus. Spontaneous version occasionally happens.

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#### THE INDUCTION OF LABOR BY HYDROSTATIC PRESSURE.

CHAMPETIER DE RIBES (*Annales de Gynécologie*, December, 1888) has devised a rubber bag which can be distended to the size of the foetal head, firmer in texture than Barnes's and Tarnier's dilators, and attached to a supply tube. When fully distended, balloon and tube form a cone, the base of which is in the lower uterine segment. It is introduced by a curved forceps, the operator guiding it by his hand in the vagina. Several quarts of one per cent. carbolic acid solution were used in distention; vaseline, carbolated or borated, was employed as a lubricant. When fully distended, this apparatus is as inelastic as a foetal head, and rapidly provokes uterine contraction; when partially filled its action is more gradual.

It was employed in 18 cases, 14 of which had contracted pelvis of minor grade. Spontaneous expulsion of the balloon occurred in less than 12 hours; labor terminated spontaneously soon after, or was easily completed through the dilated birth canal.

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#### RUPTURE OF THE SYMPHYSIS PUBIS DURING LABOR.

DÜHRSEN (*Centralblatt für Gynäkologie*, No. 49, 1888), at a meeting of the Obstetrical Society of Berlin, reported a case of rupture of the symphysis pubis caused by the shoulders of an unusually large female child. The breadth of the shoulders was 6.6 inches. Although the pelvis was immobilized and no general septic infection occurred, suppuration in the joint en-

sued. The abscess was opened, and under antiseptic treatment recovery followed; the joint surfaces united firmly. When general septic infection is present, suppuration of the symphysis is a dangerous complication; when infection is localized in the joint and pus is evacuated, a better union results than when no suppuration occurs.

OLSHAUSEN raised the question as to whether previous disease of the pelvic joints had not existed. There is no doubt, however, that healthy joints separate occasionally.

MARTIN had seen two cases, in the first of which rupture of the symphysis pubis and sacro-iliac synchondroses occurred at the passage of the shoulders through a moderately contracted pelvis; the shoulders were unusually large. The patient died of diphtheritic endometritis, the ruptured joints were found to have suppurated. In the second case rupture of the symphysis occurred during forceps delivery. Suppuration and spontaneous evacuation of pus followed; the patient made a tedious recovery.

GUSSEROW thought that unusual mobility of the joints might exist giving rise to a mistaken diagnosis of rupture. He had observed so high a degree of mobility that locomotion was impossible, with but moderate pain; the patient made a good recovery. This condition may predispose to rupture.

In conclusion, DÜHRSEN believed that violent leverage-movements with forceps might rupture the symphysis. He recognized the predisposing influence of excessive relaxation, occasioned by previous difficult labors. He was convinced of the favorable prognosis of suppuration in the symphysis, without general infection, under surgical treatment.

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#### MODERN EMBRYOTOMY.

POTOCKI (*Thèse*, Paris, 1888) writes exhaustively on the operation of embryotomy, as performed at present. In 32,938 births at the Maternité and Lariboisière there occurred 151 cases of shoulder presentation terminated in 119 cases by version; in 12 by embryotomy; in 20 by spontaneous evolution; in shoulder presentations about 1 in 4 is neglected, and demands embryotomy. He prefers Tarnier's instrument, which resembles Braun's hook, carrying a cutting blade. He reports 19 embryotomies, with 6 deaths, 1 of which was caused by the instrument.

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#### THE TREATMENT OF EXTRA-UTERINE PREGNANCY.

The literature of this subject is becoming so extensive that space will admit of a succinct epitome only. Winckel's morphia treatment has been exemplified by GOSMAN (*Münchener med. Wochenschrift*, No. 50, 1888), who reports a case of left tubal pregnancy ten weeks advanced, diagnosticated by the presence of a tumor, pain, hemorrhage, and the escape of decidua. Injections into the tumor through the abdomen of  $\frac{1}{20}$ th grain of morphia, repeated every fourteen days, resulted in the cessation of symptoms, diminution of tumor, and recovery. But one attack of pain occurred after the treatment was begun. This treatment is advised in very early pregnancy only.

VEIT (*Centralblatt für Gynäkologie*, No. 48, 1888) reports a case of double salpingitis, with total occlusion of the left tube, and lodgement of a fecundated